



2016 ANNUAL REPORT

CHELAN-DOUGLAS
HEALTH DISTRICT



Chelan–Douglas Health District:

To protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury.



CONTENTS

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STRATEGIC PLAN

Adopted by the Board of Health April 15th, 2013

Scope of This Plan

Because this is an internal strategic plan for our organization, rather than a community health improvement plan, it focuses on our organization and its needs. Strategic Initiatives are meant to address the five years following their adoption by the Board of Health.

Vision

Chelan-Douglas Health District makes optimal use of available resources and partnerships to provide high quality public health services in Chelan and Douglas Counties. Its program priorities emphasize the foundational public health functions basic to public safety in any community.

Mission

To protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury.

We Value:

- Prevention: We believe that prevention is the most effective way to protect our community from disease and injury.
- Collaboration: Community partnerships produce cost effective health outcomes by bringing people, resources and organizations together.
- Population-based services: We make data-driven decisions and deliver science-based programs, knowing that the provision of population-based services is the defining responsibility of public health.
- Equity: We believe everyone in our community deserves an equal opportunity for a healthy life.
- Community Service and Accountability: As vigilant stewards of the public's trust, we provide efficient services that are responsive and accountable to the community and its elected representatives.
- Improvement: We continuously improve the quality of our services and systems to better serve our community through a system of benchmarks and program evaluation.
- Education: Education is a key tool in achieving all public health objectives.

STRATEGIC PLAN

Strategic Initiatives 2013-2018

Participate actively in efforts to establish a system of sustainable funding for Foundational Public Health Services.

- Participate at the state level through WSALPHO and WSAC.
- Participate at the local level through proposals for city funding of basic public health.

Maintain financial stability and openness of the Health District.

- Attempt to achieve year-to-year cash carryover sufficient to assure financial stability.
- Maintain the high level of fiscal transparency achieved in the Health District by continuing to make detailed financial statements available to staff, management and any interested members of the public on a monthly and quarterly basis.

Foster a sustainable and skilled public health workforce.

- Attempt to assure that salaries and benefits keep pace with those at LHJs in similar jurisdictions in the state.
- Support continuing education experiences for staff to assure up to date knowledge and the development of professional relationships with staff members from other agencies including the state Department of Health.
- Plan for the expected retirement of some key staff members over the next few years to assure an effective transition minimizing the loss of specialized knowledge.

Improve the visibility of public health in the community and especially among community leaders.

- Update the Health District web site.
- Regularly provide presentations on public health to service organizations, city councils, and similar venues which include community and private sector leaders.
- Use social media to disseminate public health messages.

Maintain effective partnerships through active participation in local coalitions of health care providers, social service providers and emergency response partners. Some of these are standing coalitions but we also participate in ad hoc groups involving special or emergent circumstances.

When interacting with individuals and organizations regulated by the Health District, maintain a helpful, educational and respectful approach, resorting to penalties only when other approaches have failed to achieve results.

The Health District will acquire, maintain and use up to date digital technology and provide sufficient staff training and technical support to assure its effective use.

- The Health District will complete the digitization of its land use records and convert as fully as possible to paperless handling of such records.
- The Health District will, as much as possible, conduct its business on-line.
- The Health District will continue to maintain and develop its Environmental Health software in support of EH programs.
- Health district computing equipment, software and infrastructure will remain current with established industry standards.

Health District managers will continue to provide accurate and complete information to the Board of Health and to be responsive to the Board's governance and leadership.

Future program funding opportunities will be evaluated for their priority in relation to foundational public health services and for sustainability

LEADERSHIP

2016 Board of Health

Ken Stanton, Chair*

Douglas County Commissioner

Keith Goehner, Vice Chair

Chelan County Commissioner

Steve Jenkins

Douglas County Commissioner

Doug England

Chelan County Commissioner

John Sterk

East Wenatchee City Council

Keith Huffaker

Wenatchee City Council

John Alt

Entiat City Council

Jill Thompson

Waterville City Council



Francis J. V. Collins, MD, DDS

Health Officer

Barry Kling, MSPH

Administrator

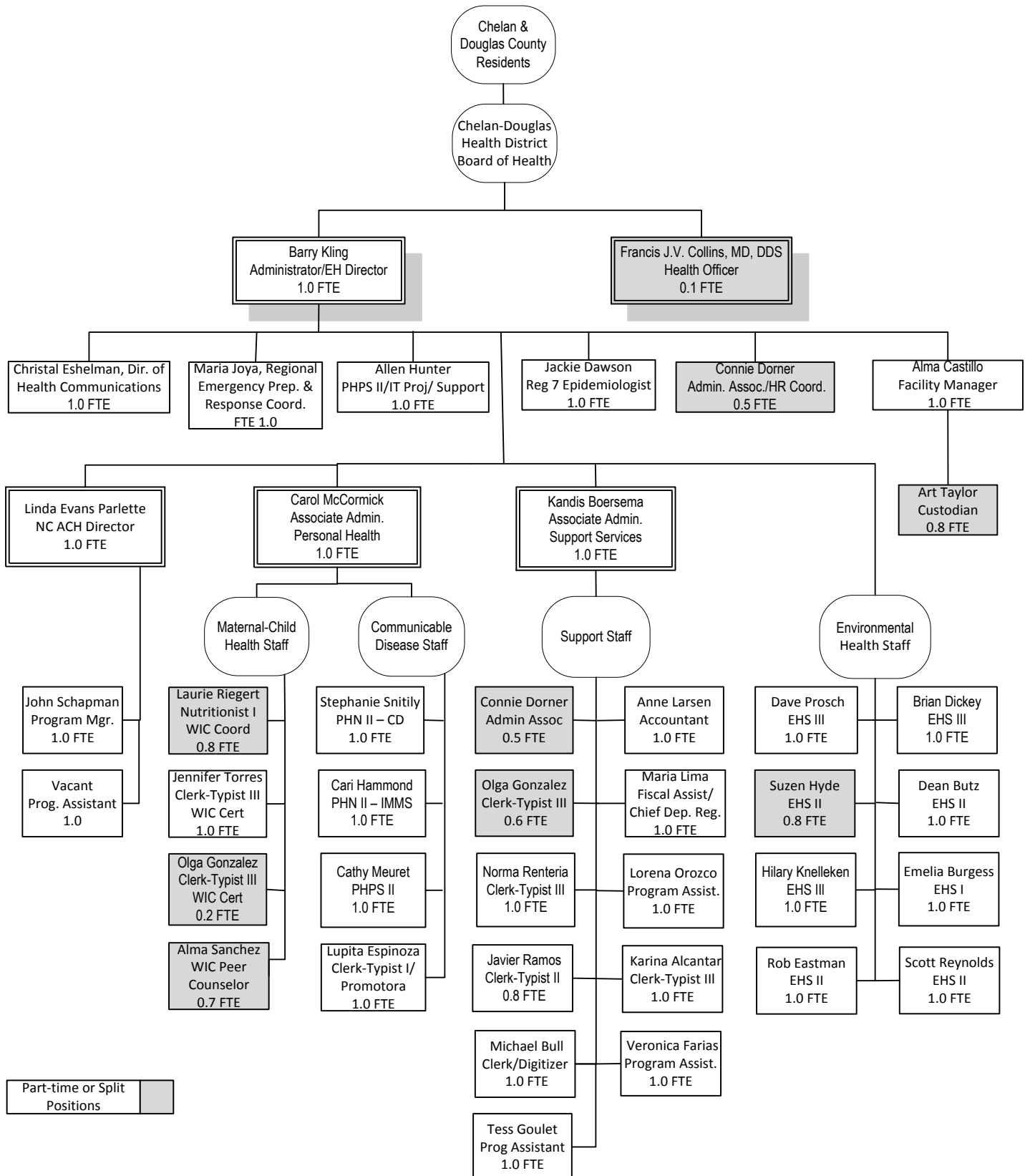


*Ken Stanton left the board at the end of 2016, Dan Sutton, Douglas County Commissioner, joined the board at the beginning of 2017.

ORGANIZATIONAL CHART

2016 Organization Chart

November 7, 2016



PUBLIC HEALTH

ALWAYS WORKING FOR A SAFER AND HEALTHIER COMMUNITY

- ♦ Public Health works to protect the whole community from health threats like contagious disease or unsafe drinking water.
 - ♦ Public health is not government medical care (a common misconception), but a community-oriented set of prevention services.
 - ♦ Public health is basic to any community, like fire protection and law enforcement.
- ♦ Examples of Public Health services include:
 - ♦ Controlling Tuberculosis and other contagious diseases.
 - ♦ Keeping food safe through restaurant inspections.
 - ♦ Protecting at-risk children through public health nursing visits and supplemental foods (WIC).
 - ♦ Disease outbreak investigations, to find and stop the source of infection.
 - ♦ Smoking tobacco and marijuana prevention.
 - ♦ Safe landfills to protect air and water.
 - ♦ Safe septic systems to prevent disease and protect groundwater.
 - ♦ Drinking water protection.
 - ♦ Immunizations to prevent diseases for children and adults
 - ♦ Resolving problems with illegal dumps and similar solid waste issues.
 - ♦ Preparedness for health emergencies such as pandemic influenza, fires, or weather disasters.
- ♦ Local, state, and federal funds support our locally-governed public health



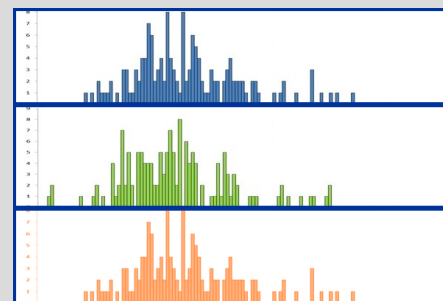
PERSONAL HEALTH

Communicable Diseases

Notifiable Conditions

The purpose of notifiable condition reporting is to provide the information necessary for officials to protect the public's health by tracking communicable diseases and other conditions. Based on these reports, public health officials take protective steps, such as verifying treatment of persons already ill, securing preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful health exposures. Public health workers also use the data collected during investigation to assess broader patterns including historical trends and geographic clustering. By analyzing the broader picture, public health is able to take appropriate actions, including outbreak investigation, redirection of program activities, and policy development.

Reported Condition	2012	2013	2014	2015	2016
Animal Bites with Rabies Propylaxis	6	8	2	2	11
Campylobacter	12	14	21	16	17
Carbapenem-Resistant Enterobacteriaceae (CRE)	-	1	0	0	0
Cocci	0	0	0	0	3
E. coli (all shiga toxin producing)	3	5	3	5	1
Giardia	2	9	6	10	16
Haemophilus influenzae type b (Hib)	0	1	0	0	0
Hepatitis A	-	4	0	1	0
Hepatitis B (acute)	1	0	1	0	0
Hepatitis B (chronic)	1	5	1	3	3
Hepatitis C (chronic)	46	26	46	27	60
Infant Botulism	1	0	0	2	0
Influenza Death	-	-	2	1	1
Legionella	0	0	1	7	3
Listeria	0	0	0	0	1
Malaria	-	-	1	0	0
Neonatal Herpes Simplex	1	0	0	0	0
Pertussis	61	14	3	7	1
Salmonella	9	4	5	8	8
Shigella	2	1	1	2	2
Tuberculosis	1	3	0	3	3
Virio parahaemolyticus	0	0	0	0	1
West Nile Virus Viremic Donor	-	-	1	0	0
Wound botulism	-	1	0	0	0
Zika	-	-	-	-	1
Totals	146	96	94	94	132



Legionella Outbreak Complete

The 2015 Legionella outbreak continued into 2016. A total of ten hospitalized patients were diagnosed with Legionella pneumonia. Patients were residents of Douglas County (1), Chelan County (7) and Okanogan County (2). This was an unusually high number of cases in the District. Fortunately there were no fatalities.

Eighty-five building's HVAC units were surveyed by District staff within ¼ mile of a common area of expected exposure. An HVAC expert from the community identified the units to sample for Legionella. A Health Care Facility cooling tower was the only unit found contaminated with Legionella bacteria in the prescribed area. All 10 patients were within a block of the Health Care Facility, 6 patients visited the Health Care campus and 4 patients entered the building with the cooling tower.

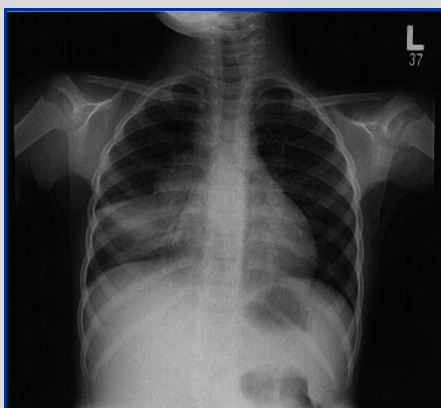
Normal staff work was delayed due to the time consumed conducting the investigation.

Post investigation work included preparing documents for freedom of information requests, presentations to professional organizations, receiving tests and decommission plans for the contaminated cooling tower.

Epidemiology, Communicable Disease, and Environmental Health worked together to complete the investigation. Additional assistance was received by WA State Department of Health, CDC, a community HVAC expert, and an Elite Lab. Communicable Disease and Epidemiology staff are currently serving on one WA State and three CDC Legionella Workgroups.

PERSONAL HEALTH

Communicable Diseases



312

Directly

Observed

Therapy

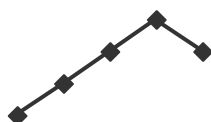
visits for **TB** patients

Tuberculosis

Tuberculosis (TB) is a common and potentially lethal infectious disease caused by various strains of mycobacteria. TB infection is the leading infectious disease killer in the world. It usually involves the lungs, but can spread to other body systems, including the lymph nodes, bones, and joints. It is most prevalent in males over age 65 born in countries where TB is common. In 2016, there were 205 cases of active TB in WA State and 3 active cases served by CDHD. There are 3 types of TB: active TB disease (individual is infectious and spreads the disease to others); latent TB infection (individual has been exposed to active TB disease but does not have active disease and does not spread disease); MDR TB (multi-drug resistant active TB disease).

The Health District provides RN Case Management services to clients with active and MDR TB disease. Case Management involves oversight of x-rays, lab tests, specimen collections and shipments, provider and clinic communications, identification and follow-up of contacts, client and family education, client monitoring and support during a lengthy treatment period (typically 9 – 12 months), and compassionate care. Care also includes face-to-face medication administration (Direct Observation Therapy or “DOT”), either in the client’s home, CDHD offices, or remotely. Additional TB program components include clinical consultation with healthcare providers and staff, training, outreach, and policy development. In 2016, staff provided 312 DOT client visits and TB staff hours totaled 780 in support of TB prevention and control.

of unduplicated clients that received treatment



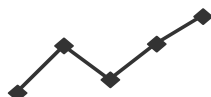
<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
1	2	3	4	3

of unduplicated clients that had active TB



<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
1	3	0	3	3

of client visits provided by CDHD



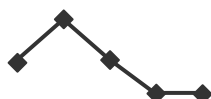
<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
98	230	135	235	312

of people traced as contacts for active TB clients



<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
1	199	0	23	23

of unduplicated clients that received TB services:



<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
60	139	65	4	3

PERSONAL HEALTH

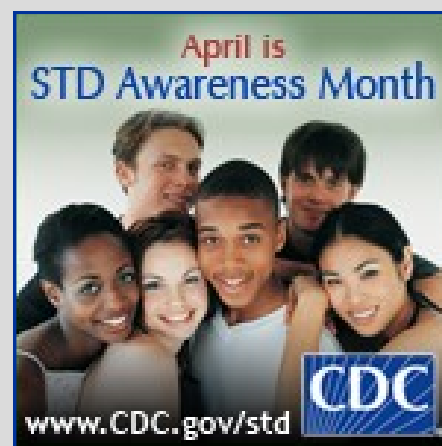
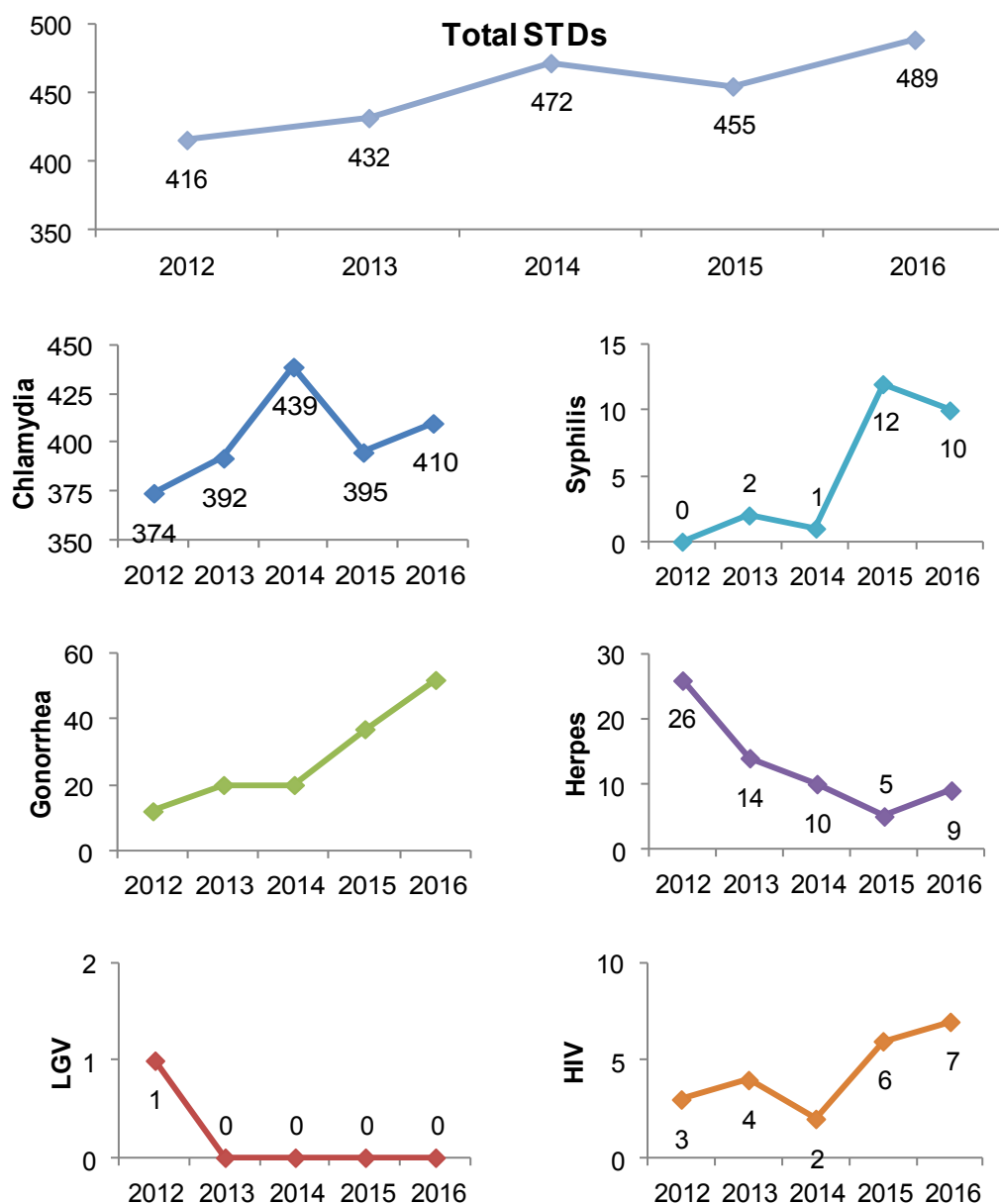
Communicable Diseases

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STDs) are the most commonly reported diseases in Chelan and Douglas Counties. Many are curable, others are treatable, **all are preventable**.

Most people with STDs don't have obvious symptoms, but without treatment they can spread disease and possibly develop serious complications. Anyone under the age of 25 and sexually active should get tested annually. At any age, if you think you may have been exposed to a sexually transmitted disease, you and your sex partner(s) should visit a health clinic, hospital or doctor for testing and treatment.

In 2016, the number of cases of all STDs except Syphilis increased from the previous year. Reports of Chlamydia infection comprise the majority of all notifiable condition reports received in Chelan and Douglas counties.



489

Sexually Transmitted Diseases
reported in
Chelan & Douglas
Counties

Chlamydia

410

LGV

0

Gonorrhea

52

Herpes

9

Syphilis

10

HIV

8

LGV: Lymphogranuloma venereum
HIV: Human immunodeficiency virus

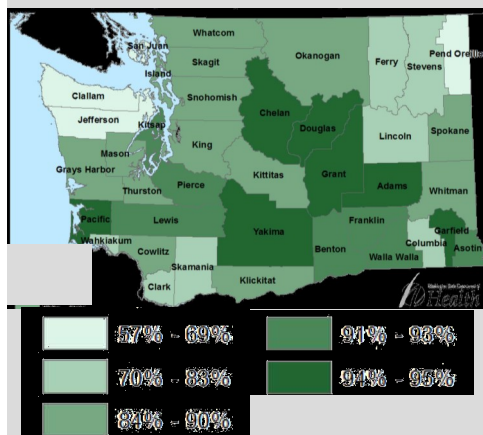
PERSONAL HEALTH

Immunizations

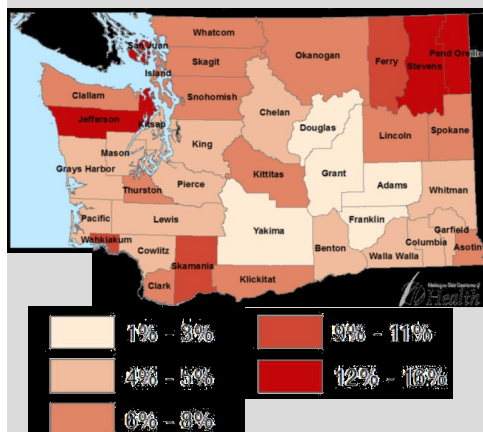


Washington State Immunization Rates 2015-16 School Year

Students in grades K—12 complete
for required immunization



Students in grades K—12 with
school immunization exemptions



Vaccine Preventable Diseases

The immunization program works to achieve high immunization rates for our adolescent and adult populations, educate parents about the risks associated with not vaccinating, and assures access to immunizations for our underserved populations (ie. people residing in rural areas, under- and uninsured people). We continue to work to increase the uptake of new and underused vaccines for adolescents, offer immunization services to the underserved through outreach clinics, and improve adult immunization rates by sharing effective immunization strategies with providers caring for adults and children.

Immunization Activity	2012	2013	2014	2015	2016
# of vaccines given to children	142	102	128	98	60
# of vaccines given to adults	670	309	326	257	262
# of flu vaccines given	117	404	452	354	322
# of immunization clinics held	36	13	10	9	9
# of seasonal outreach flu vaccine clinics	29	11	10	9	8
# of free flu clinics form underserved populations	-	4	1	0	1

VFC—Vaccines For Children Program

The VFC Program is a federal entitlement program that provides critical funding for vaccines. The program helps improve immunization levels and eliminate cost as a barrier to immunization.

VFC Activity	2012	2013	2014	2015	2016
# of enrollment visits	0	0	0	2	1
# of VFC provider sites visited					
Compliance visits	14	15	15	17	16
AFIX visits	-	-	-	-	15
# of educational updates for VFC providers					
In-person updates	17	19	16	18	20
Email updates	-	-	-	-	98
Newsletters	-	-	-	-	1

Additional Immunization Activities

- 2 presentations for school nurse group
- Arrangement of DOH presentation for school nurses
- Monthly accountability reporting
- Provider technical assistance
- VFC enrollment/disenrollment
- Approval/submission of vaccine orders
- Submission of reported wasted/expired/spoiled vaccine
- Participation in Immunization Information System Vaccine Management Enhancement Project grant work

PERSONAL HEALTH

WIC—Women, Infants, and Children

WIC is a supplemental nutritional program for income eligible families and also supports successful, long-term breastfeeding. Almost half of all babies in our state receive WIC. WIC helps improve the health of mothers and children through:

- ◆ Nutrition education
- ◆ Breastfeeding support
- ◆ Monthly checks for healthy food
- ◆ Health screenings and referrals

WIC foods meet the special nutritional needs of pregnant, breast-feeding and postpartum moms, infants, and children up to 5 years old. WIC provides a wide variety of healthy foods that include:

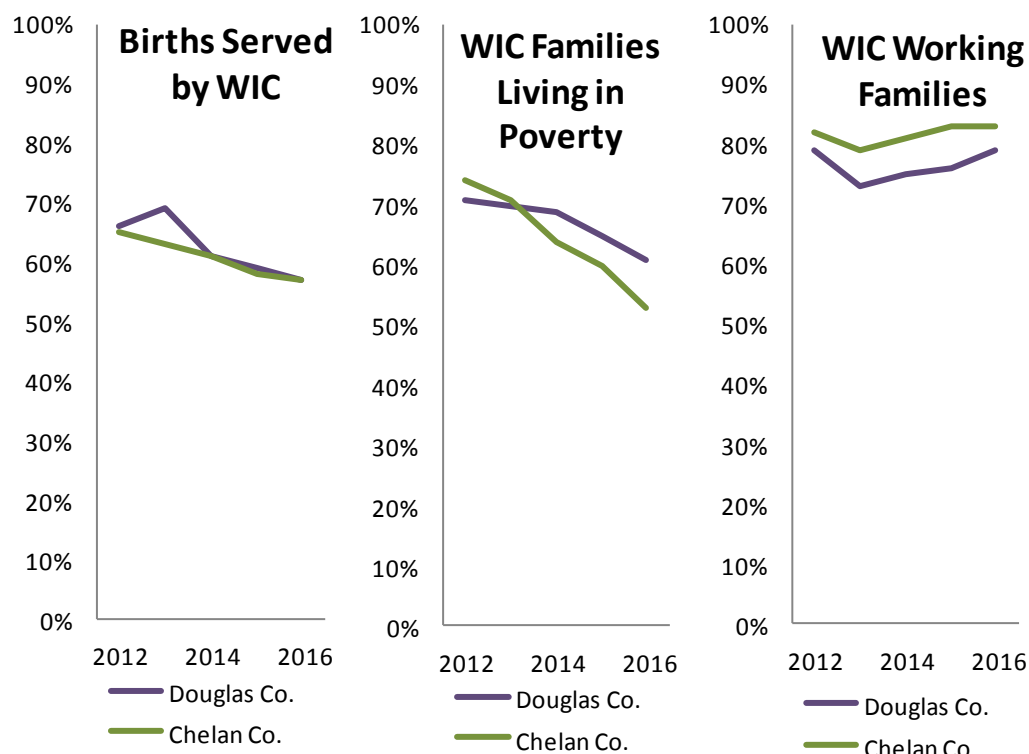
- ◆ Whole grains
- ◆ Breakfast cereals fortified with iron and low in sugar
- ◆ Fresh fruits and vegetables
- ◆ Low sodium and low fat choices
- ◆ A variety of protein foods such as eggs, dried peas and beans, peanut butter, and tofu
- ◆ Good sources of calcium, such as, milk, cheese, and fortified soy beverages



1205

**Total # of
WIC
Clients**

Chelan-Douglas Health District WIC program provided \$469,950 in 2016 for WIC clients to buy healthy food.



**>50% of
WIC families are
living in Poverty**
Even though most are
Working



PERSONAL HEALTH



CSHCN—Children with Special Health Care Needs

CSHCN provides public health nurse visits for children (birth to 18 years) who have physical, behavioral or emotional conditions that require services beyond those required by children in general. Examples include developmental delays, cancer, Down's syndrome, and premature birth. A public health nurse or community health worker facilitates access to health care needs, provides care coordination, supports family centered care, teaches advocacy skills, and promotes the coordination of care across systems.



86
Children with
Special
Health Care Needs
were helped by
CDHD nurses

CSHCN Activities	2012	2013	2014	2015	2016
New referrals received	18	55	41	32	32
Home visits	48	57	50	62	47
Office visits	-	-	-	27	37
New clients	15	35	31	22	29
Total clients served	35	37	56	57	86
Other contacts made (phone, email, text, fax, letter)	-	-	-	-	1054
Referrals made to outside agencies	-	-	-	-	100



ABCD—Access to Baby and Child Dentistry

ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.



ABCD Activities	2012	2013	2014	2015	2016
Children enrolled in ABCD	71	102	111	109	101
ABCD dentists	7	7	9	9	10
New ABCD dentists	1	0	0	1	1

101
Children
Enrolled in
ABCD

PERSONAL HEALTH

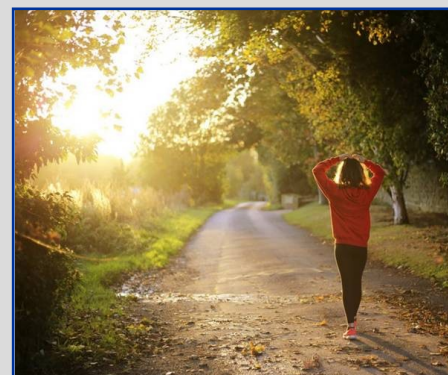
Healthy Communities

The Healthy Communities Program (HCP) focuses on reducing health risk factors, reducing chronic disease, promoting physical and social-emotional health through preventative programs and health equity for all Chelan and Douglas county citizens. In consideration of national, state and regional health improvement plans and objectives, regional data on health and social determinants, and the CDHD HCP plan, 2016 efforts focused on teen pregnancy prevention, Type II diabetes prevention, access to healthy foods, improving the built environment in support of physical activity and safety, and improving community awareness and access to available support services. Funding to support several efforts was provided through 1422 federal grant funds.

CDHD efforts are supported through collaborative partnerships with regional agencies, coalitions and teams. Primary partners in 2016 included People for People, Washington Information Network (WIN211), City of Wenatchee, Eastmont Parks, Wenatchee Farmers Market, Washington State University Extension, Community Choice, Confluence Health, Columbia Valley Community Health, North Central Educational Service District, North Central Washington Coalition for Children and Families, and the WA State Department of Health. Healthy Communities developed a Teen Pregnancy Prevention Coalition and a Diabetes Prevention work team (now NCW Diabetes Coalition). HCP is a founding member of, and consistent contributor to, Healthy Living Wenatchee Valley Coalition. HCP is a participant on multiple community collaboratives and coalitions that focus on social health determinants.

2016 Outcomes Achieved:

- ◆ Improved sales of fresh fruits and vegetables to low income families via the Fresh Bucks Program in partnership with Wenatchee Farmers Market and Catholic Families.
- ◆ Through Complete Streets training and local policy development assistance, gained application eligibility for the City of Wenatchee for project funding of safe walking and biking routes. Provided successful support for Complete Streets grants to the Cities of Wenatchee and Leavenworth.
- ◆ Audited vended food and beverage units at regional healthcare facilities and local government offices. Provided feedback and recommendations on healthy vending options to reduce fat, sugar and sodium, including food and beverage selections, placement and labeling.
- ◆ Through collaborative work with People for People and WIN 211, enhanced the WIN 211 website and social services inventory. WIN 211 is the WA State social service inventory and locator. Gained a dedicated regional coordinator.
- ◆ Developed a regional diabetes prevention work group. Collaboration resulted in diabetes prevention plan, including initiation of Diabetes Prevention Programs in Chelan, Douglas, and Okanogan counties .
- ◆ Developed and launched a teen sexual health survey that is being used in multiple healthcare clinics and assessed available patient medical data to help guide Teen Pregnancy Coalition intervention strategies. Connected regional teachers with grant-supported, evidence-based sexual health train-the-trainer program to expand regional school health programs.
- ◆ Actively participated on the WA State Diabetes Network Leadership Team, providing input on WA State diabetes efforts, including the 2016 Diabetes Epidemic and Action Report (DEAR).
- ◆ Completed second year rotation of CDC PHAP Associate. Applied for and awarded a second PHAP Associate for 2016 - 2018.



Healthy Communities Activities

Healthy Living Wenatchee Valley Coalition

Teen Pregnancy Prevention Coalition

Diabetes Prevention Program

Complete Streets

Early Learning

Parent to Parent

County Interagency Coordinating Council

PHAP: Public Health Associate Program

VITAL STATISTICS

Birth & Death Certificates



CDHD

Issued

8832

Birth

&

Death

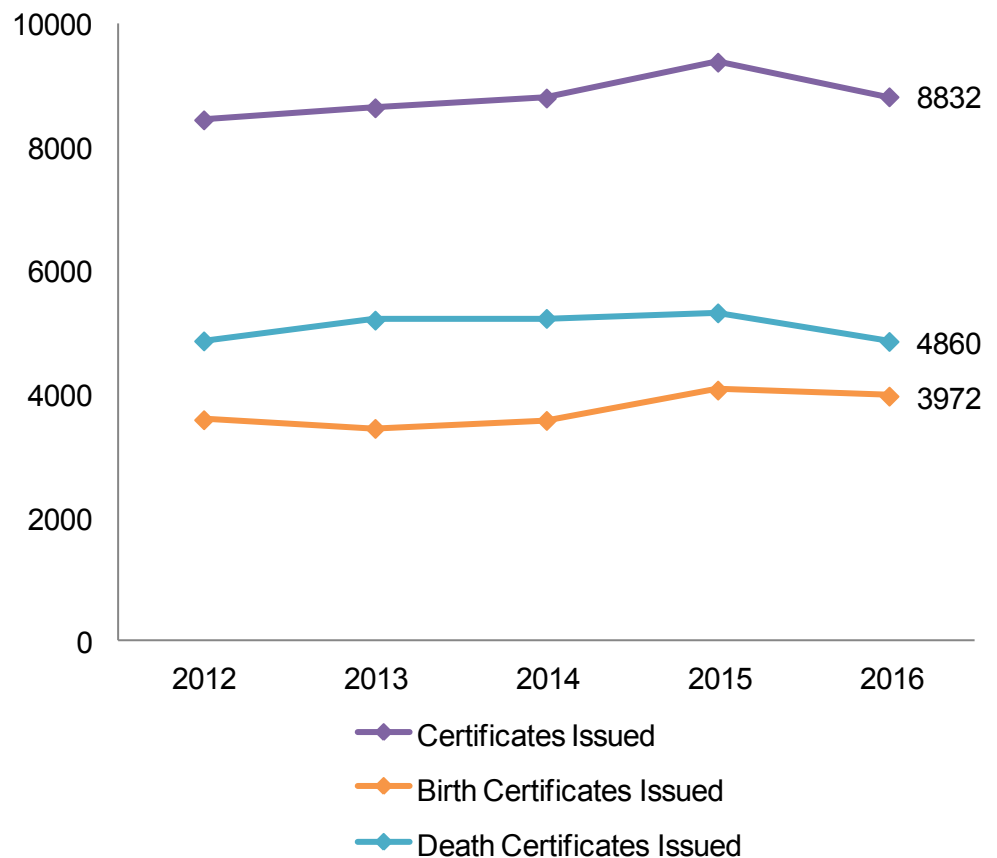
Certificates

The Chelan-Douglas Health District:

- ◆ Issues Washington State birth and death certificates
- ◆ Certifies death records
- ◆ Files affidavit for corrections with the Washington State Department of Health

Vital statistics are the compilation and analysis of information collected from vital event records reported in Chelan and Douglas counties and the entire state. Some of the most important information about the health of the population comes from vital records, such as leading causes of death, low birth weight babies, and mother's access to prenatal care. Vital records data are used throughout the state and nation for analysis of health trends, program planning, and policy development.

Certificates Issued by CDHD



Birth & Death Certificates	2012	2013	2014	2015	2016
Certificates issued	8458	8654	8812	9394	8832
Birth certificates issued	3589	3448	3578	4070	3972
Death certificates issued	4869	5206	5234	5324	4860

EMERGENCY PREPAREDNESS

Preparedness Activities

Nearly all disasters and emergencies affect the health of a community, from the air quality during wildfires to food safety during power outages to pandemic flu. Our Public Health Emergency Preparedness and Response program ensures that we are prepared with plans, procedures, training, supplies, and communications systems to respond to and recover from emergencies. This includes a 24/7 afterhours number for the public and healthcare providers to use for public health emergencies and urgencies.

Preparedness Activities	2012	2013	2014	2015	2016
# of after hours calls for 24/7 system for the public and doctors	104	84	85	61	61
# of public health alerts sent to partners and providers	55	93	117	103	124
# of ICS activations for a public health event	1	1	1	1	0
# of times we activated the ICS system for exercises	1	1	1	1	1

Incident Command System

ICS is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

Region 7 Healthcare Coalition

Healthcare Partners Serving Chelan, Douglas, Grant, Kittitas, & Okanogan Counties

Working Together to Improve Regional Response

Region 7 Healthcare Coalition works with local response partners to address public health and healthcare systems issues in local response plans and exercises. In April 2016, Region 7 performed a functional exercise in Ellensburg, WA to train specifically on the registration and patient tracking aspects of an alternate care facility.

Mission:

Planning for medical surge capacity & capability for region-wide resource management in large scale health emergencies

Region 7 Healthcare Coalition 2016-17 Leadership:

Ray Eickmeyer
Chair

Doug Reinertson
Vice Chair

Diane Olshavsky
Secretary

María Joya
*RERC

*Regional Emergency Response Coordinator



124

Health Alerts
sent to
Partners & Providers



Regional Partners

Hospitals
Public Health
Community Health Centers
Emergency Medical Services
American Red Cross
Colville Tribes
Emergency Management
Long-Term Care Facilities

ENVIRONMENTAL HEALTH

Food Safety



1083

**Permanent
Food Establishment
Inspections**

333

**Temporary
Food Service Event
Inspections**

44

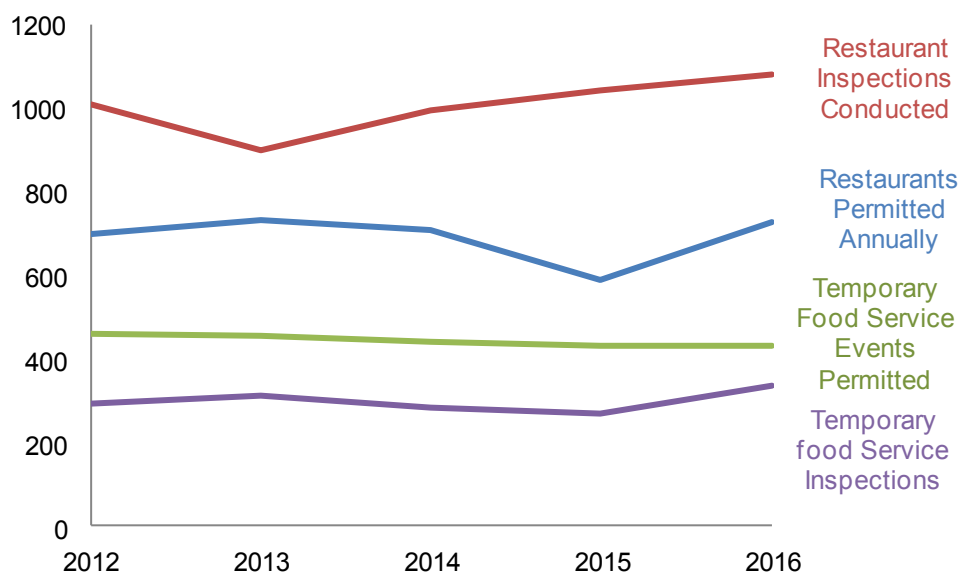
**Complaints
Investigated**

**By 4 Inspectors
working hard to
keep us safe!**

Food safety is an important public health priority. When you go out to eat, you shouldn't have to worry about getting sick. Foodborne illness is a common, costly—**yet preventable**—public health problem. CDC estimates that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. We work to ensure that food vendors are permitted, food workers are educated, and that food is properly and safely handled, prepared, and served, to prevent illnesses from food.

In 2016, 727 permanent food establishments were permitted and inspected, often several times, including restaurants, grocery stores, coffee stands, mobile units/food trucks, and school cafeterias. There were 333 inspections completed of temporary food establishments at a multitude of events throughout the counties including fairs, festivals, and farmers markets. In addition, 44 food safety related complaints are investigated.

Food Safety Activities	2012	2013	2014	2015	2016
Restaurants Permitted Annually	699	730	710	590	727
Restaurant Inspections Conducted	1007	898	993	1045	1083
Temporary Food Service Events Permitted	458	456	438	428	428
Temporary food Service Inspections	290	311	282	270	333
# of restaurants with unsatisfactory inspections >35 critical points.	20	14	30	24	31
Food Safety Complaints Investigated	27	60	32	24	44

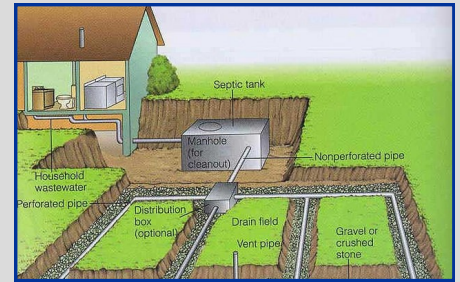


ENVIRONMENTAL HEALTH

On-Site Septic Systems and Land Development

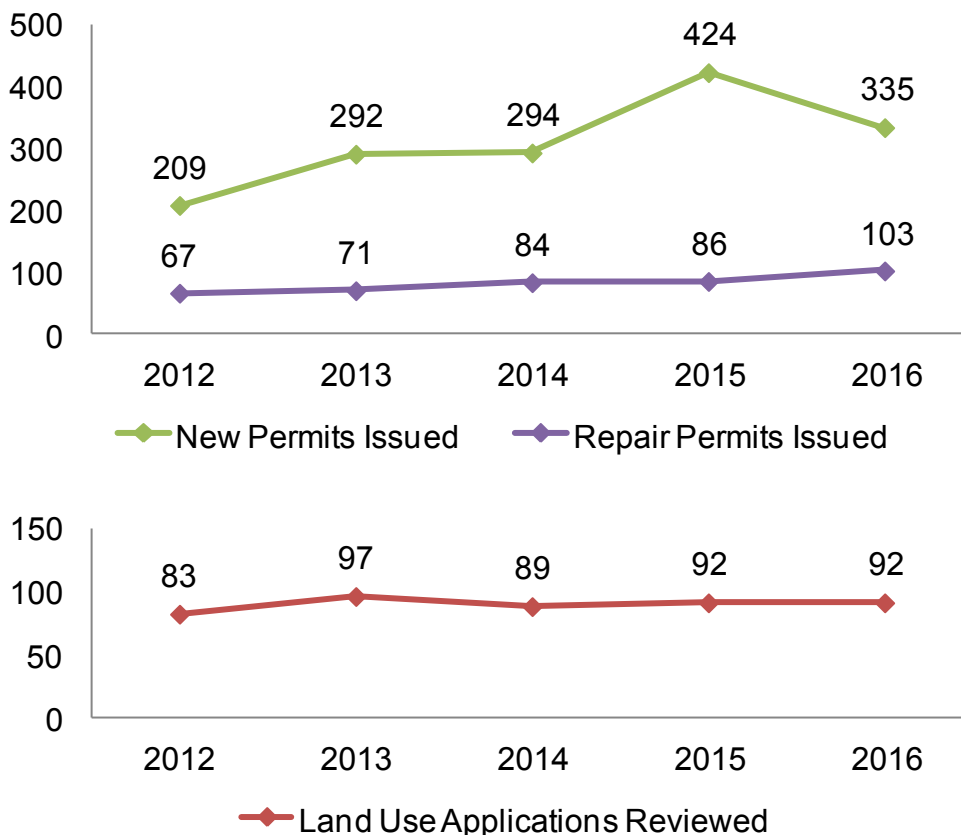
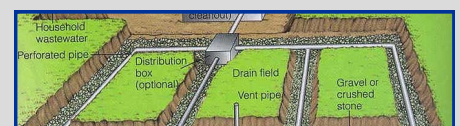
The purpose of this program is to protect public health and the environment by ensuring proper treatment and disposal of waste water to protect our drinking water and the environment. We permit, inspect, and investigate complaints associated with on-site sewage systems. Other activities include site evaluations, plan preparation, review of proposed land developments, and licensing industry professionals.

On-Site Septic Systems and Land Development	2012	2013	2014	2015	2016
New Onsite Septic System Permits Issued	209	292	294	424	335
Repair Onsite Septic System Permits Issued	67	71	84	86	103
Failing Septic Systems with Corrective Action Initiated within 14 Days	5	9	3	2	3
Land Use Applications Reviewed	83	97	89	92	92
Septic Industry Professionals Licensed	120	134	124	125	122



335
Permitted
Septic Systems

3
Failing
Septic Systems
WITH
Corrective Action
Initiated
WITHIN
14 DAYS



ENVIRONMENTAL HEALTH

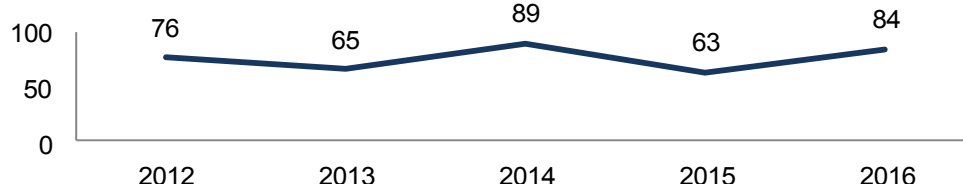


~~~~~  
**73%**  
 Complaints  
Investigated  
 &  
 Resolved  
 ~~~~~  
4
 Closed
Landfills
 Monitored
 ~~~~~

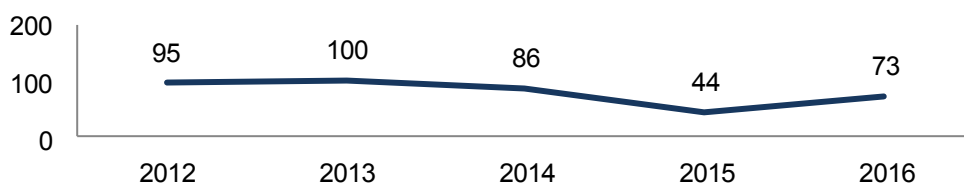
## Solid & Hazardous Waste

Improper waste disposal has the potential to attract disease carrying vermin and adversely impact air and water quality. To protect public health, staff investigate complaints concerning solid waste accumulations and illegal dumping, regulate the operation of solid waste facilities review design plans for proposed solid waste facilities, and monitor the maintenance of closed landfills.

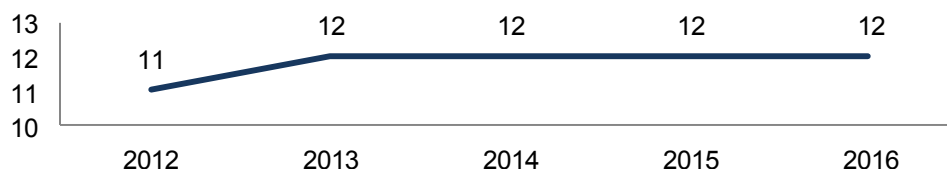
**Solid Waste Complaints**



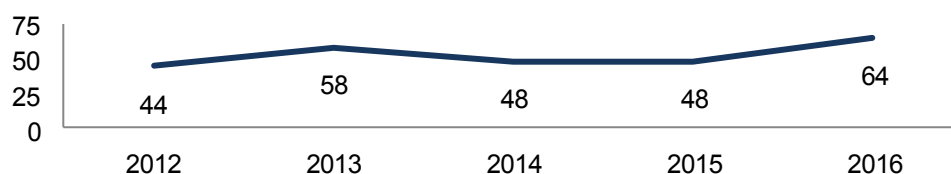
**% Complaints Investigated and Resolved**



**Facilities Permitted**



**Facility Inspections**



## Chemical & Physical Hazards

To protect public health, staff assist local law enforcement during investigations of suspected methamphetamine labs and post contaminated properties as "Unfit for Use" when appropriate. Once posted, staff provide technical assistance to the property owners concerning required cleanup measures.

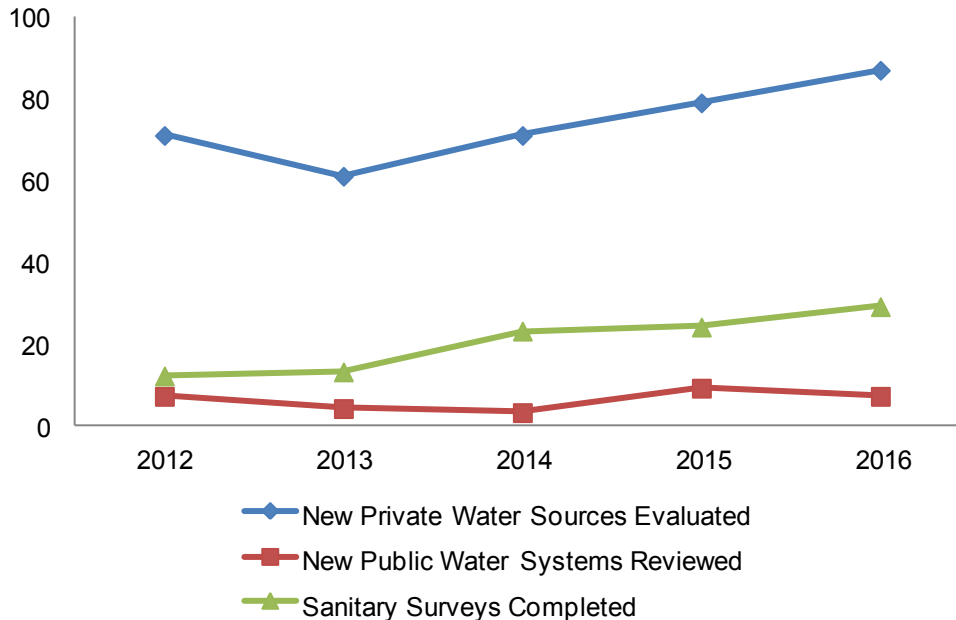
|                                   | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------------------------------|------|------|------|------|------|
| Site Hazard Assessments Completed | 0    | 0    | 3    | 2    | 0    |



# ENVIRONMENTAL HEALTH

## Drinking Water

Contaminated drinking water is a known cause of serious waterborne illnesses. To protect public health, staff review development proposals for the presence of approved water sources, conduct site evaluations for new water systems, and monitor water quality data for operating water systems.

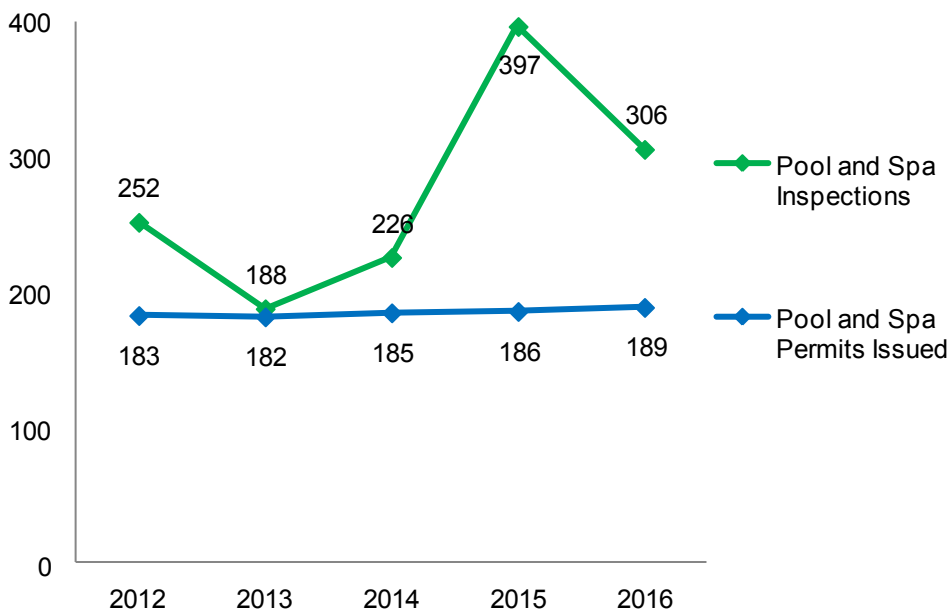


### Boil Water Advisories

|      | Number | People Affected |
|------|--------|-----------------|
| 2012 | 3      | 284             |
| 2013 | 2      | 190             |
| 2014 | 4      | 1304            |
| 2015 | 1      | 100             |
| 2016 | 2      | 80              |

## Water Recreation

Pools, spas, and water parks are a potential source for waterborne illnesses, unintentional injuries, and accidental drowning. To protect public health, staff review plans for proposed facilities, investigate complaints, and conduct health and safety inspections on all permitted facilities.



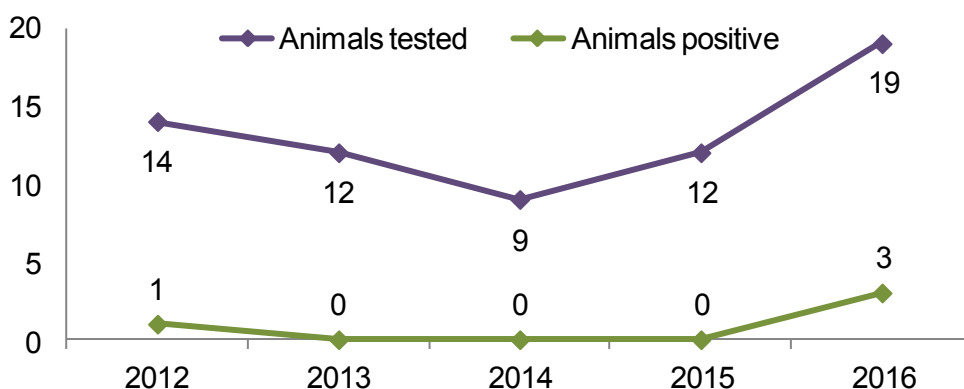
**DROWNING**  
is the **2<sup>nd</sup>**  
leading cause of  
***injury-related death***  
**for children ages**  
**1 to 14 years old**  
**in the**  
**United States**

# ENVIRONMENTAL HEALTH

## Zoonotic Disease Surveillance

Zoonotic diseases are illnesses that are spread to humans from animals and insects, such as Rabies, West Nile Virus, Hantavirus, and Salmonellosis. CDHD staff work to prevent the occurrence and spread of zoonotic diseases through educating the public and providing consultation to people about potential disease-carrying animals and insects, and conducting investigations and surveillance to identify the presence and source of zoonotic diseases.

### Rabies in Chelan and Douglas Counties, 2016

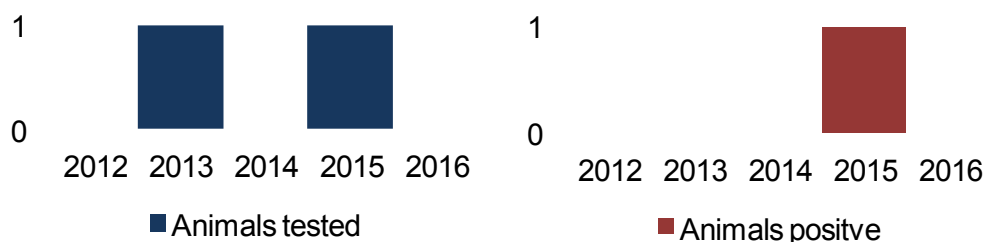


3

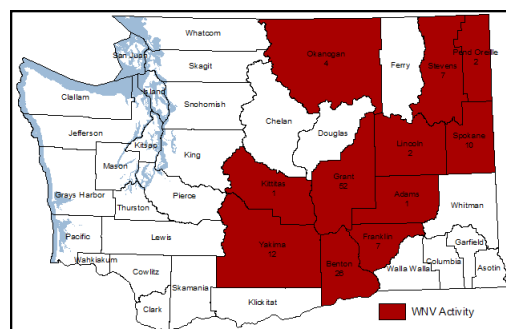
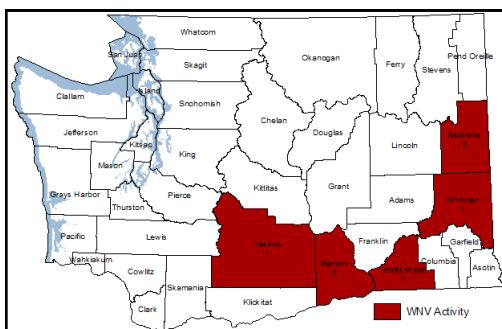
Bats Tested  
Positive For  
Rabies

**NO  
WNV  
ACTIVITY  
DETECTED**

### West Nile Virus (WNV) in Chelan and Douglas Counties, 2016



### West Nile Virus Activity in Washington State, 2016

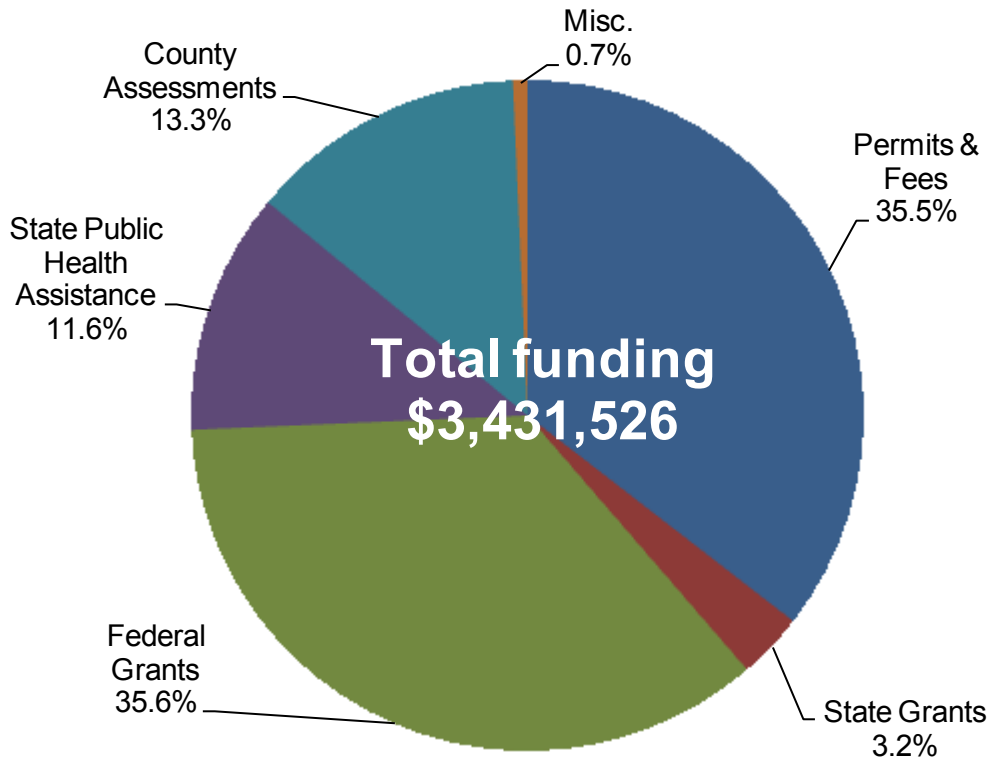




# FUNDING

## Total Revenue

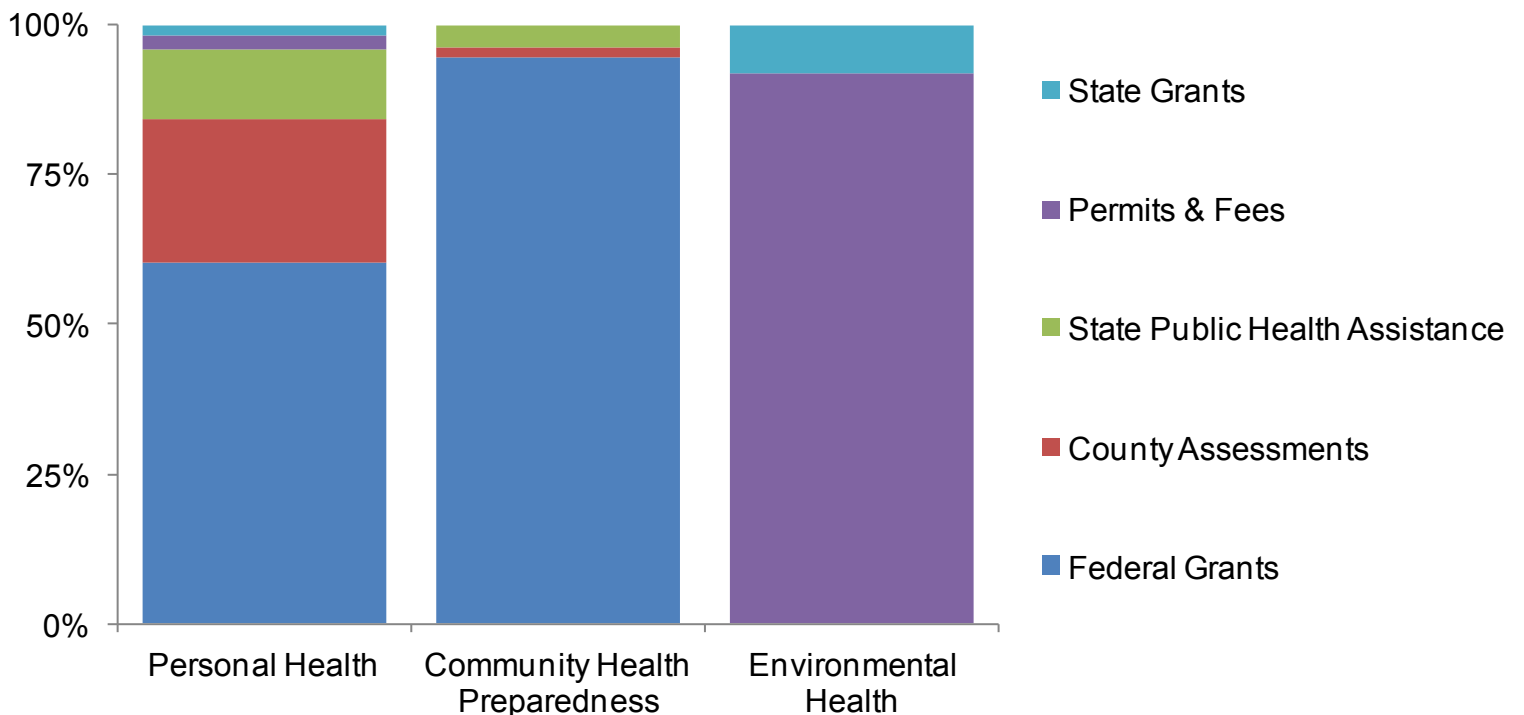
2016 Agency Funding Sources



## Agency Funding

|                                |                    |
|--------------------------------|--------------------|
| County Assessments             | \$457,819          |
| State Public Health Assistance | \$399,643          |
| Federal Grants                 | \$1,222,941        |
| State Grants                   | \$109,118          |
| Permits and Fees               | \$1,218,152        |
| Miscellaneous                  | \$23,863           |
| <b>Total Funding</b>           | <b>\$3,431,535</b> |

## Revenue by Program



***Always Working for a Safer and  
Healthier Community***

**Chelan-Douglas Health District**  
**200 Valley Mall Parkway, East Wenatchee, WA 98802**  
**509-886-6400**

**[www.cdhd.wa.gov](http://www.cdhd.wa.gov)**

**Facebook.com/ChelanDouglasHD | @ChelanDouglasHD**